



Complete Summary

TITLE

Bipolar disorder: the percentage of patients diagnosed with bipolar disorder and treated with an antipsychotic agent who were assessed for the presence of extrapyramidal symptoms twice within the first 24 weeks of treatment.

SOURCE(S)

STABLE (STAndards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients diagnosed with bipolar disorder and treated with an antipsychotic agent who were assessed for the presence of extrapyramidal symptoms (EPS) twice within the first 24 weeks of treatment.

RATIONALE

Extrapyramidal Symptoms

- Extrapyramidal symptoms refer to movement disorders that occur when there is a disruption of the brain's extrapyramidal system. Extrapyramidal Symptoms are referred to as EPS.

- EPS neurological side effects include akathisia, a motor restlessness, and muscle rigidity and tremor, which are sometimes referred to as drug-induced Parkinsonian symptoms.
- EPS also includes tardive dyskinesia and acute dystonia, rare but severe side effects that also relate to disruption of the extrapyramidal system. Sometimes these symptoms are referred to as distinct side effects due to their severity.

Extrapyramidal Symptoms and Antipsychotic Agents

- Typical antipsychotics are associated with significant acute neurologic side effects.
- Tardive dyskinesia (TD) is the principal adverse effect of long-term typical (first generation) antipsychotic treatment; however, studies indicate that TD still occurs with atypical (second generation) antipsychotic agents.
- Atypical (second generation) antipsychotics have been reported to have a lower rate of EPS, particularly acute dystonia and drug-induced Parkinsonism.

Monitoring for Extrapyramidal Symptoms

- Patients with bipolar disorder should be regularly monitored for iatrogenic adverse effects of antipsychotic medication including extrapyramidal symptoms.
- Regular examination for early signs of tardive dyskinesia is an appropriate monitoring plan.

PRIMARY CLINICAL COMPONENT

Bipolar disorder; assessment for extrapyramidal symptoms (EPS)

DENOMINATOR DESCRIPTION

Patients diagnosed and treated for bipolar disorder with an antipsychotic agent (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients assessed for extrapyramidal symptoms (EPS) twice during initial 24 weeks of treatment (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Behavioral Health Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians
Psychologists/Non-physician Behavioral Health Clinicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients with a diagnosis involving bipolar disorder: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) or Diagnostic and Statistical Manual of Mental Disorders, Fourth Revision, Text Revision (DSM-IV-TR): 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80-82; 296.89; or 301.13

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients 18 years of age or older with an initial or new episode of bipolar disorder

AND

Documentation of a diagnosis involving bipolar disorder; to include at least one of the following:

- Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as, a pre-printed form completed by a clinician and/or codes documented in chart notes/forms
- Diagnosis or impression documented in chart indicating bipolar disorder
- Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and indication that this information is used to establish or substantiate the diagnosis

AND

Documentation of treatment with an antipsychotic agent (Refer to the "Data Dictionary Reference" in the original measure documentation for specified medications.)

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

Encounter

Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Assessment of extrapyramidal symptoms (EPS) to include a documented reference of at least one of the following (Refer to the "Data Dictionary Reference" in the original measure documentation for EPS definitions):

- Clinician narrative information concerning patient's EPS symptoms documented in chart
- Clinician scored EPS tool is present in chart
- Patient's self-reported symptoms (may be included on an assessment tool or preprinted form) are documented in chart

AND

Timeframe:

Documentation must include at least two recordings within the first 24 weeks of treatment.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

- Abnormal Involuntary Movement Scale (AIMS): Clinician tool used to assess tardive dyskinesia (available at www.cqaimh.org/stable.html)
- Antipsychotic Symptom Checklist (ASC): Captures adverse effects of antipsychotic agents (available at www.cqaimh.org/stable.html)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

- The STABLE measures were developed using the RAND Appropriateness Method and have been shown to have content validity and face validity.
- Data feasibility testing was performed to determine the availability of the data elements required in the measure numerator and denominator specifications.
- Inter-abstractor reliability testing was performed to assess the data collection strategy. The data collection strategy included data collection forms; data dictionary references and abstractor instructions.
- A field study was conducted to determine measure conformance in an appropriate convenience sample.

Refer to the references listed below for further information.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

STABLE performance measures: data feasibility testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

STABLE performance measures: development process & validity ratings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: field study process & conformance findings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: inter-abstractor reliability testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

Identifying Information

ORIGINAL TITLE

Bipolar disorder: monitoring for extrapyramidal symptoms.

MEASURE COLLECTION

[Standards for Bipolar Excellence \(STABLE\) Performance Measures](#)

SUBMITTER

Center for Quality Assessment and Improvement in Mental Health

DEVELOPER

STABLE Project National Coordinating Council

FUNDING SOURCE(S)

AstraZeneca LLP, Wilmington, Delaware, provided financial sponsorship for the STABLE Project. They did not otherwise participate in the development of either the measures or toolkit.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

The STABLE [National Coordinating Council \(NCC\)](#) was comprised of national experts in bipolar disorder, psychiatry, primary care, and performance improvement. The NCC guided and directed the STABLE Project. NCC members agreed to serve with the understanding that the STABLE Performance Measures and Resource Toolkit would be fully transparent and available without cost in the public domain.

[EPI-Q, Inc.](#), is a consulting company providing practice-based outcomes research, pharmaco-economic studies, and quality improvement services. EPI-Q managed the STABLE Project.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

STABLE (STAndards for Bipolar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

MEASURE AVAILABILITY

The individual measure, "Bipolar Disorder: Monitoring for Extrapyraxidal Symptoms," is published in "STABLE (STAndards for Bipolar Excellence) Performance Measures." This document is available in Portable Document Format (PDF) from the [Center for Quality Assessment and Improvement in Mental Health \(CQAIMH\) Web site](#).

COMPANION DOCUMENTS

The following is available:

- STABLE National Coordinating Council Resource Toolkit Workgroup. STABLE resource toolkit. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007 Mar. 67 p. This document is available in Portable Document Format (PDF) from the [Center for Quality Assessment and Improvement in Mental Health \(CQAIMH\) Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI Institute on January 10, 2008. The information was verified by the measure developer on April 14, 2008.

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